## F22000003310

(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	≘ #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 705276 7144145

AUTHORIZATION :

COST LIMIT : \$-700.00

ORDER DATE: May 24, 2022

ORDER TIME : 9:09 AM

ORDER NO. : 705276-005

CUSTOMER NO: 7144145

#### FOREIGN FILINGS

NAME: BIODIGITAL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
•			
SUBJECT: BioDigital, Inc.			
Name of corporation	n - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence." or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the		
Please return all correspondence concerning this matter	r to the following:		
Brian C. Parks	-		
Name of	Person		
Goodwin Procter LLP	TCISON		
Firm/Con	npany		
620 Eighth Avenue			
Addr	ess		
New York, NY 10018			
City/State a	and Zip code		
bparks@goodwinlaw.com	·		
	for future annual report notification)		
For further information concerning this matter, please of	call:		
Brian C. Parks	813-8047		
Name of Person Area Cod	e Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314		
Tallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	· OF STATE		
	\$78.75 Filing Fee & \$87.50 Filing Fee,		
Certificate of Status	Certified Copy Certificate of Status &		

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Corporation Service Company	(State or count	3 ry under the law of which it is incorporated)	/FEI number if a		
4. 06/21/2013 (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  (Respectively)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address)  (Current mailing address)	04/21/2012	ry under the law of which it is incorporated)	/FEI number if a		_
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7.	06/21/2013			pplicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Principal office street address)  New York, NY 10012  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company	•	5	Perpetual .		_
(Date first transacted business in Florida. if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7.	(Date	e of incorporation)	(Date of duration, if other	than perpetual)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Principal office street address)  New York, NY 10012  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company					_
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(Principal office street address)  New York, NY 10012  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company	594 Broadway, S		, , , , , , , , , , , , , , , , , , , ,		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street	•		fice street address)	2022	_
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporation Service Company   Corporation Service Corporation Service Company   Corporation Se	New York, NY	,		22 HAY	3
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street		(Current mail	ing address, if different)	. 2	. <u> 1</u>
Name:  Corporation Service Company  1201 Hays Street				5	
Name: Corporation Service Company : C	. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	AH	ָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָרָר
1201 Hays Street	Name:	Corporation Service Company		9: 5	-
Office Address:		1201 Hays Street		· •	
	Office Address:				
Tallahassee . Florida 32301		Tallahassee	Florida		
(City) (Zip code)		(City)	(Zip code)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	•						
□Chairman	Name: Frank Sculli	□Chairman	Name: Amish Jani				
□Vice Chairman	Address:	□Vice Chairman	Address: 594 Broadway, Suite 1101				
Director	New York, NY 10012	Director	New York, NY 10012				
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other CEO	□Other	□Other					
	John Qualter		Russ Richmond				
□Chairman	Name: 594 Broadway Suite 1101	□Chairman	Name: 594 Broadway Suite 1101				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director	New Tork, NT 10012				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	☐Treasurer				
Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
	Address:		Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President	<del></del>				
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIODIGITAL, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIODIGITAL,

INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

Authentication: 203511704